	United States Environmental Protection Agency Washington, DC 20460	<input type="checkbox"/> Registration <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Other	OPP Identifier Number
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Application for Pesticide – Section I

1. Company/Product Number 70551-1	2. EPA Product Manager E. Schmid	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Rallis India Limited/Rallis Metribuzin Technical	PM# 25	
5. Name and Address of Applicant (include ZIP Code) Rallis India Limited c/o Pyxis Regulatory Consulting Inc. 4110 136 th St. Ct. NW Gig Harbor, WA 98332		6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____

Section - II

<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input checked="" type="checkbox"/> Notification – Explain below.	<input type="checkbox"/> Final printed labels in response to _____ Agency letter dated _____ <input type="checkbox"/> “Me Too” Application. <input type="checkbox"/> Other – Explain below.
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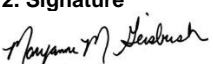
Explanation: Use additional page(s) if necessary. (For Section I and Section II.)

Notification of a minor label revision per PRN 98-10, updating company address. This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

Section - III

1. Material This Product Will Be Packaged In:					
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input checked="" type="checkbox"/> Other (Specify) Lined fiber drums; supersacks		
* Certification must be submitted		If “Yes” Unit Packaging wgt. _____	No. per container _____	If “Yes” Package wgt. _____	No. per container _____
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 55.12, 1102.3 lbs		5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled					

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Maryanne Geisbush	Title Regulatory Consultant	Telephone No. (Include Area Code) (253) 853-7369	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received <div style="text-align: center; border: 1px solid black; padding: 5px;"> (Stamped) </div>
2. Signature 	3. Title Regulatory Consultant		
4. Typed Name Maryanne Geisbush	5. Date Jul. 27, 2020		